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HSS Annual Report 2006-2007

Northwest Territories

Health and Social Services System

Annual Report

2006-2007

Northwest Territories Health and Social Services

Message from the Minister

Sandy Lee

I am pleased to present the *Northwest Territories Health and Social Services System Annual Report for 2006–2007.* This report provides an overview of the system and highlights some of our major accomplishments for 2006-2007. This report also reflects our commitment to accountability to the people of the Northwest Territories.

Honourable Sandy Lee
Minister of Health and Social Services

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Fort Smith Medical Clinic

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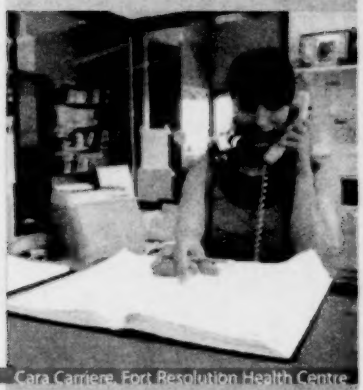
Overview of the Health and Social Services System

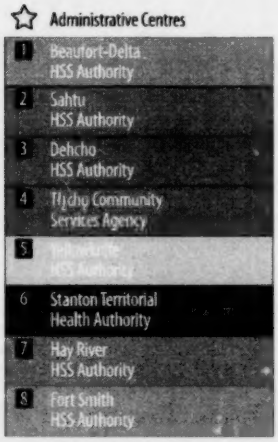


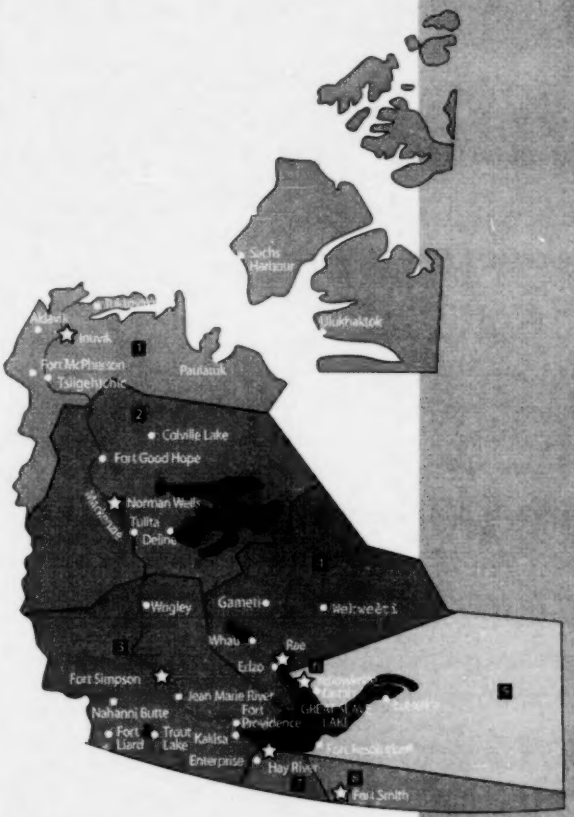
Cara Carriere, Fort Resolution Health Centre

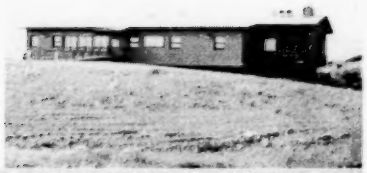
The Northwest Territories (NWT) Health and Social Services System depends on effective partnerships. The Department of Health and Social Services (DHSS), the Health and Social Services Authorities (HSSA), other Government of the Northwest Territories (GNWT) departments, the Government of Canada, non-government agencies, professional associations and the public all share responsibility for health and wellbeing in the NWT. Within the territorial government, the Minister of Health and Social Services is responsible for ensuring that the public system provides and manages services according to government legislation, national and territorial standards and public priorities.

Department of Health and Social Services

The Department works under the direction of the Minister and Deputy Minister in partnership with the HSSA to plan, develop, evaluate and report on program and service delivery that supports the health and wellbeing of people across the NWT. The Department's major responsibilities include: securing funding, developing legislation, setting policies and standards, monitoring and evaluation and strategic planning.







Health and Social Services Authorities

There are eight HSSAs in the NWT, as listed below:

- Beaufort Delta Health and Social Services Authority (BDHSSA)
- Dehcho Health and Social Services Authority (DHSSA)
- Fort Smith Health and Social Services Authority (FSHSSA)
- Hay River Health and Social Services Authority (HRHSSA)
- Sahtu Health and Social Services Authority (SHSSA)
- Stanton Territorial Health Authority (STHA)
- Tłı̨chǫ Community Services Agency (TCSA)
- Yellowknife Health and Social Services Authority (YHSSA)

The HSSAs are responsible for the planning and delivery of Health and Social Services to the people of the NWT. They conduct their own needs assessments, create individual operational plans and are responsible for the day-to-day management and administration of program and service delivery. The communities served by each HSSA are noted on the map of the NWT (found on pg. 1).

Joint Leadership Council (JLC)

The JLC includes the Minister, Deputy Minister and the Chairs of each HSSA. The JLC provides a forum for shared leadership and decision-making. The council meets on a regular basis to set priorities and provide oversight on the delivery of programs and services.

Joint Senior Management Committee (JSMC)

The JSMC includes the CEOs of each HSSA and senior managers of the Department, who provide leadership and direction with respect to the operations of the overall system. The JSMC ensures a cooperative and collaborative approach to the management of health and social services throughout the NWT.

Mandate of the Health and Social Services System

Cathy Brinton, Medical Records Staff, HSSA

The core business of the Health and Social Services system is to promote health and wellbeing for the people of the NWT. This includes helping people to take personal responsibility for healthy lifestyle decisions; protecting people from abuse, violence, preventable disease and unsafe environmental conditions; caring for and/or counseling people when they require support for social or health issues; and treating people when they are sick or suffering from physical, emotional or mental problems.

VISION

Our children will be born healthy and raised in a safe family and community environment, which supports them in leading long, productive and happy lives.

MISSION

To promote, protect and provide for the health and wellbeing of the people of the NWT.

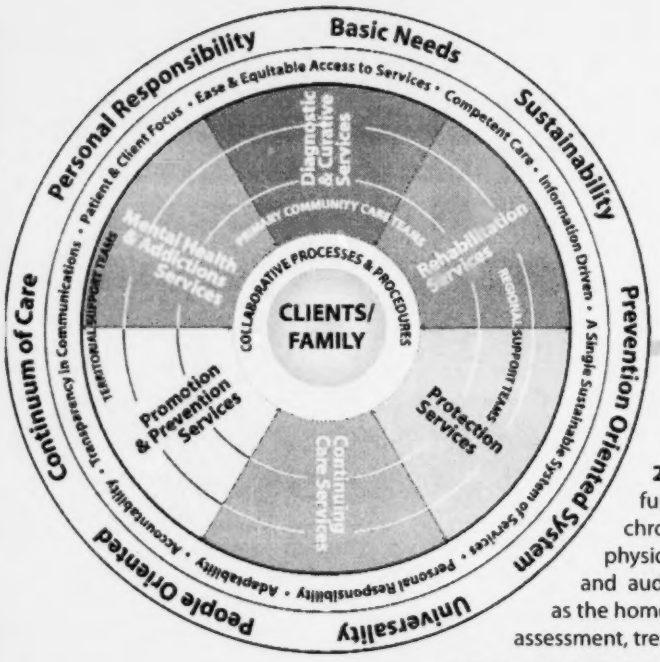
GOALS

- To improve the health status of people in the NWT.
- To improve social and environmental conditions for people in the NWT.
- To improve integration and coordination of health and social services by government, private and volunteer sectors.
- To develop more responsive, responsible and effective methods of delivering and managing services.

CORE SERVICES

The goals are achieved through the provision of core services in six areas described below:

1. Diagnostic and Curative Services are those services required to diagnose disease and illness and provide treatment. Curative services include all the services provided by physicians, nurses and allied health professionals in hospitals, health centres and clinics to treat illness and disease. Diagnostic imaging (e.g. X-rays), laboratory services and some pharmacy are included in this core service.


Basic Needs
Sustainability
Prevention Oriented System
Universality
People Oriented
Continuum of Care
Personal Responsibility
Ease & Equitable Access to Services • Competent Care • Information Driven • A Single Sustainable System of Services • Personal Responsibility • Adaptability • Accountability • Transparency in Communications • Patient & Client Focus
Diagnostic & Curative Services
Rehabilitation Services
Protection Services
Continuing Care Services
Promotion & Prevention Services
Mental Health & Addictions Services
PRIMARY COMMUNITY CARE TEAMS
REGIONAL SUPPORT TEAMS
TERRITORIAL SUPPORT TEAMS
COLLABORATIVE PROCESSES & PROCEDURES
CLIENTS/ FAMILY

Medical travel services are also included within this core service, to ensure that all people have access to medically necessary services regardless of where they live.

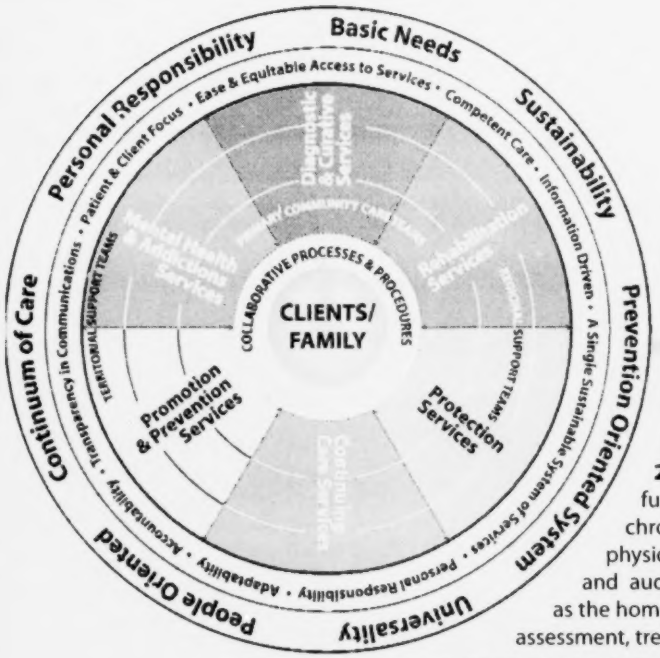
2. Rehabilitation Services help improve and maintain the functional independence of clients with impairment from injury, chronic disorder, or disability. Rehabilitation services include physiotherapy, occupational therapy, speech and language therapy and audiology. These services are provided in a range of settings, such as the home, clinics, health services agencies and hospitals, and include assessment, treatment, intervention, and education.

3. Protection Services aim to safeguard the health and wellbeing of individuals and families. They include child protection services, disease surveillance, public health programs, and environmental health services. Statutory services of the Chief Medical Health Officer, the Public Guardian and the Director of Child and Family Services are within this core service.

4. Continuing Care Services maintain or improve the physical, social, and psychological health of individuals who, for a variety of reasons, may not be able to fully care for themselves. The overall objective is to improve independence and quality of life for these individuals and their families. These services are available both in the home and in residential care settings.

5. Promotion and Prevention Programs are intended to promote health and well-being by providing education and awareness about healthy lifestyles (e.g. diet, exercise) and risk behaviors (e.g. smoking, excessive alcohol consumption). Prevention programs include activities such as childhood immunization, flu vaccinations, cancer screening, early childhood intervention and diabetes education.

6. Mental Health and Addiction Services respond to mental health issues, addictions and family violence problems through education, prevention, treatment and aftercare and are delivered as an integrated program. These services assist those with a mental illness, mental health issues, addictions or concurrent disorders to receive the care and support they need to live in optimal health. Mental Health and Addiction Services include education and awareness, assessment and referral, residential treatment, community counseling and family violence.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A Year in Review
Achievement and Highlights

Robin Gordon Brown & Gina Magwi, Home Support Workers, Behchokò

Tobacco Control

Tobacco is the single largest cause of preventable disease in the NWT. It causes heart disease, stroke, respiratory illness and many other diseases. Many lives have been lost because of smoking-related cancers.

Since January 21, 2007 the new Tobacco Control Act has been in effect throughout the NWT. The Act reinforces the GNWT's initiative to encourage healthy, smoke-free lifestyles for all Northerners. As we enter the fifth year of the Territorial Tobacco Control Strategy, the Act is a further commitment to continue our efforts to reduce the NWT smoking rate, which is twice the national average.

Some highlights from the Tobacco Control Act are as follows:

- The sale and supply of tobacco to those under 18 years of age is prohibited;
- Retailers cannot display tobacco products and tobacco advertising;
- Tobacco can no longer be sold in pharmacies, athletic or recreational facilities;
- Smoking is not allowed on outdoor patios of restaurants or bars, complementing the existing Workers' Compensation Board smoke-free workplace legislation; and
- All retailers must post signage prescribed by the Act in their place of business.

By removing tobacco, related products and advertising from public sight, the GNWT is doing more to ensure tobacco use declines, especially among our youth. The Act will help those trying to quit by denormalizing the product.

Healthy Choices Framework

The GNWT Healthy Choices Framework and 2006-2010 Action Plan were developed to coordinate healthy choices programming in key GNWT areas. Six key health and wellness areas were identified for inclusion. The Healthy Choices Framework brings together a series of strategic initiatives that aim to influence attitudes and behaviours in favour of promoting healthy living and preventing the onset of disease.

These include:

- active living;
- healthy eating;
- tobacco cessation and control;

- mental health and addictions strategies;
- strategies to reduce sexually transmitted infections/high risk behavior; and,
- injury prevention

The Healthy Choices Framework is a collaborative effort by Health and Social Services, Municipal and Community Affairs, and Education Culture and Employment.

Expected Results of the Healthy Choices Framework include:

- development of joint promotion, information and resource sharing;
- coordination of territorial programs around targeted population groups;
- the coordination and sharing of research and the results of program evaluation;
- alignment of territorial goals and priorities with the Federal Healthy Living Strategy programs and funding;
- establishment of system-wide strategic linkages between GNWT departments that coordinate health promotion programs;
- enhanced program delivery;
- NWT-wide understanding that personal choices can impact individual health; and,
- improved health status of NWT residents.

Fetal Alcohol Spectrum Disorder Ministers Meeting

Fetal Alcohol Spectrum Disorder (FASD) is a lifelong disability. Effective prevention efforts, early diagnosis, supportive environments and a range of special supports and services are necessary to assist individuals and their families in their journey toward self-reliance and well-being.

The GNWT is committed to addressing the issue of FASD, and has been a member of the Canada Northwest Fetal Alcohol Spectrum Disorder Partnership since 2000.

The alliance is made up of seven jurisdictions that work towards the development and promotion of an inter-provincial/territorial approach to prevention, intervention, care and support of individuals affected by FASD.

Monique Laing, CHR, Behchokǫ̀

In September of 2006, the Department of Health and Social Services hosted a meeting in Yellowknife with Ministers from Alberta, British Columbia, Manitoba, the Yukon, Nunavut and Saskatchewan participating.

This was the first time the NWT has hosted a Canada Northwest Fetal Alcohol Spectrum Disorder Partnership Ministers' meeting. There is great value in this work. All the participating territories and provinces share similar challenges and it makes sense that we work together to strengthen our efforts.

Homelessness Framework and Activities

Homelessness is a growing issue in many communities in the NWT. As a result, there is a need to ensure that individuals and families who cannot access private or government-subsidized housing are provided with adequate shelter. The social envelope departments, in collaboration with non-government agencies, have developed a Homelessness Framework. The *Framework for the GNWT Response to Homelessness* was released in January 2007. The Framework outlines how social program departments are working together to improve homelessness supports. The following are the 2006-2007 activities resulting from this framework:

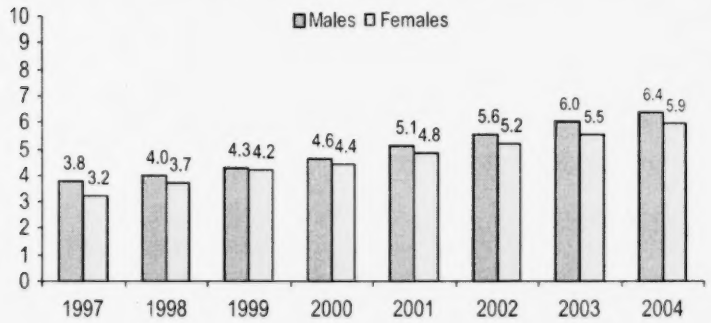
- In 2006-2007, a Memorandum of Understanding was signed confirming the initiation of construction of Bailey House in Yellowknife: a homeless shelter with capacity for 33 male residents.
- The *Homelessness Travel Assistance Policy* and the *Homelessness Financial Assistance Policy* were created. The Homeless Assistance Committee collaboratively administers these policies to provide support for individuals by reducing barriers to obtaining housing.
- To support small communities addressing homelessness, an interdepartmental committee was established to initiate and distribute the Small Community Homelessness Fund. The funding supports Emergency Shelter Options and Homelessness Support Projects.

Expansion of Dialysis Treatment in the NWT

The proportion of the population aged 20 years and older with diabetes has been on the rise in the NWT. By 2004, approximately 6.4 percent of NWT males and 5.9 percent of females had diabetes. This represents an almost doubling of the instance of diabetes in the NWT population over the last 10 years.

The Department of Health and Social Services, in partnership with the Hay River Health and Social Services Authority, has established dialysis treatment services at the H.H. Williams Memorial Hospital. Dialysis is an effective treatment for people with kidney failure associated with diabetes. This new Hay River dialysis service is part of the Territorial Dialysis Program also available in Fort Smith and Yellowknife.

Chart – Proportion percentage of NWT residents aged 20+ with Diabetes, 1997 - 2004



Offering dialysis treatment in Hay River allows the Department of Health and Social Services to proactively respond to the increasing need for this treatment, resulting from the increase in diabetes rates in the NWT population.

Dialysis service in Hay River began in January 2007 as a result of a strong partnership between the Department of Health and Social Services, the Hay River Health and Social Services Authority, the Department of Public Works and Services and key medical staff.

Lorne Gushue,
Official Languages Consultant, DHSS

Community partnerships on this project should also be recognized. One of the three new dialysis machines was purchased with the support of the Royal Canadian Legion, the Elks and the Hay River Community Health Board Foundation.

This project demonstrates the Department of Health and Social Service's ongoing commitment to the Primary Community Care Approach of the Integrated Service Delivery Model. Providing this service for clients closer to their home community improves timely access for people living with kidney failure. Another important factor is that patients now have the support of family and friends. Overall, this proximity of treatment greatly reduces stress on clients and their families.

Access to Primary Care and Addressing Wait Times in the NWT

In June 2006, the Department of Health and Social Services released the report, Access to Health Care and Addressing Wait Times in the Northwest Territories. This report documents work underway to address access to primary health care and wait times for surgical and diagnostic imaging procedures in the NWT.

Primary Health Care

Residents access primary health care through community-based health programs including primary health care clinics, public health services, homecare, schools and community health and educational programs. In all but five communities, these services are delivered by community-based nurses working out of health centers. Primary care physicians are located in five of the 33 NWT communities and provide services to all communities through traveling clinics. The following are some of the initiatives directed at improving access to Primary Health Care services for NWT patients:

- **Mental Health and Addictions** – The Community Counseling Program is one of the main components of HSS's community-based approach to providing mental health and addictions services. The Department of Health and Social Services committed 77 new positions at the community and regional levels. This is comprised of Community Wellness Workers, Mental Health and Addictions Counselors and Clinical Supervisors. This program will be evaluated in 2007-2008, to ensure service delivery efficiencies.
- **Tele-care Health Line** – The 1-800 call centre provides a telephone triage and health advice services 24/7 so that residents can access services without being required to travel to a health centre.

- **Primary Care Physicians** – Ten additional general practice physicians have been added to the system including five allocated to the, Tłı̨chǫ, Sahtu and Dehcho.
- **Entry Level Nursing Positions** – To ensure that graduates of the NWT nursing program, through Aurora College, can be hired within the territories, 14 positions were created for new graduates so they can receive mentoring and support before moving into positions.
- **Nurse Practitioners (NP) and Midwives** – The Department of Health and Social Services is committed to expanding the number of Nurse Practioners and Midwives in the NWT. The Department of Health and Social Services has developed a four-year Action Plan focused on identifying NP positions for each HSSA. The Midwife Implementation Committee has developed a series of documents to assist the HSSAs in the implementation of midwives into the Department of Health and Social Services system:
  - NWT Midwifery Practice Framework;
  - Evaluation of Expected Outcomes of the Midwifery Practice Model; and
  - Midwifery within the NWT ISDM.
- **Public Health Units** – To improve public health capacity and the delivery of public health programs, federal health reform funding has been allocated to the Sahtu, Tłı̨chǫ and Dehcho Authorities to establish three new regional Public Health Units. This service delivery model will be evaluated in the future to ensure effectiveness and efficiency.
- **Reducing Surgical Wait times**

  The Department of Health and Social Services continues to focus on improving access to surgical services for the people of the NWT. Ongoing tracking of results is available on Stanton Territorial Health Authority's website: www.srhb.org. This website tracks information on the number of people awaiting surgery for:

  - Ear Nose and Throat
  - General Surgery
  - Orthopedics
  - Gynecology

Tele-Care
Health Line
1-888-255-1010
TDD/TTY 1-888-255-8211

Over the past few years, the Stanton Territorial Health Authority has undertaken several initiatives to increase the volume of surgical procedures by better managing existing resources. These efforts have resulted in a 25 per cent increase of in-surgical cases being completed (an increase from 2,000 to 2,500 cases over the past year). These statistics are updated regularly and indicate a downward trend in the numbers of patients awaiting surgery.

Diagnostic Imaging

Planning continues for the implementation of a Diagnostic Imaging Picture Archiving and Communication System (DI/PACS). This Canada Health Infoway project will result in a full transition from the current analogue, or film, and paper-based delivery system, to a fully digital computer-based and paperless delivery system. Practitioners will have high quality electronic diagnostic images available as well as data through a DI/PACS application system, in hospitals and other required settings. The application system will include a long-term storage database, also known as a picture archiving and communication system or PACS. The PACS will provide better management of images, transfer of images and storage of images and improve access of images from various locations, reducing turn around times. The system will better facilitate the use of distant and remote diagnostic and radiology services from a radiologist service provider outside of the NWT, allowing the patient to remain in their home community. The electronic storage and access to images permits radiologists to confer with other specialists to support their findings on a real time basis.

Statistics from Tele-Care Healthline

Under the Primary Health Care Renewal; Federal, Provincial, and Territorial governments have committed to improving access to quality primary care for Canadians. A major NWT initiative under the Primary Health Care Renewal has been to implement a 24/7 telephone line to provide timely access to health advice from a Registered Nurse.

Tele-Care Healthline, formerly called Tele-care NWT, is designed to help individuals take control of their health, ask their questions and be able to discuss their concerns with a knowledgeable, caring nurse who is able to assist with assessing the situation and suggest care options. Through this assessment, decisions can be made on whether their symptoms require attention from their community health nurse, family physician or nurse practitioner. Individuals accessing the Tele-Care Healthline range from seniors to new parents.

Through the increase in the usage of the line, there is indication that Tele-Care Healthline has actually taken some of the pressure off of the nurses in the communities as well as the emergency departments of the hospitals. We can see this link through the number of individuals who have engaged in self-care as a result of their phone calls.

Over the last three years, the volume has grown from 4,019 calls in 2003/04; to 5,019 in 2005/06 and 5,323 calls in 2006-2007.

The number of individuals who have engaged in self-care has increased from 923 in 2003-2004; 1,246 in 2005-2006 and 1,506 in 2006-2007. Tele-Care Healthline introduced two new enhancements: Poison Information and Sexually Transmitted Infection (STI) Information. Now, with just the push of a button, callers can receive support and information specific to these health issues in addition to the same service they have been receiving for the past three years.

Accreditation Activities

Accreditation is a process used by organizations and systems to evaluate their services and improve quality. It demonstrates performance and accountability related to quality, risk management and patient safety. Health services organizations achieve accreditation by undergoing an objective evaluation of the care and quality of services they provide to clients, then comparing these findings against a set of national standards. In Canada, this service is provided by the Canadian Council on Health Services Accreditation (CCHSA), a voluntary program with a cycle that spans more than three years.

All four NWT hospitals currently follow the CCHSA process of accreditation. Stanton Territorial Hospital underwent an accreditation review in September 2005 and received a 3-year accreditation. Fort Smith, Hay River and Inuvik underwent site reviews in 2006 and each hospital was issued a three-year accreditation certificate.

In an effort to continually improve quality of services, patient care and safety, Health and Social Services asked CCHSA to develop options for system-wide accreditation of all Regional Health and Social Services Authorities. It is intended that system-wide accreditation will encompass all aspects of Primary Care in the NWT.

To expand the health service accreditation to all eight HSSAs, the Department of Health and Social Services has budgeted $551,000 over three years from the Territorial Health Access Fund. Specifically, $187,000 for 2007-08; $182,000 for 2008-09 and $182,000 for 2009-10.

Program Evaluation and Performance Measurement

Program Evaluation is a formalized approach to assessing and analyzing the goals, processes, and impacts of projects, policies and programs. The Department of Health and Social Services recognizes the importance of setting targets, measuring, monitoring, and reporting on the achievement of its goals and objectives.

Performance measurement and reporting forms an integral part of the Accountability Framework[1] adopted by the Health and Social Services System and is reflected in the contribution agreements between the Department of Health and Social Services and the Health and Social Services Authorities.

As established by the Financial Management Board, Deputy Ministers will endeavour to establish appropriate program evaluation and performance measurement into all programs, policies and initiatives.

The Department of Health and Social Services is working towards implementing a system-wide program evaluation and performance measurement system. The Department of Health and Social Services has successfully implemented regular monitoring and evaluation throughout most of the Health and Social Services Department.

This includes completing an evaluation of the Healthy Family Program for Child and Family Services, a Performance Monitoring Framework for the Community Counseling Program and an evaluation plan for the implementation of Nurse Practitioners.

NWT Hospital Satisfaction Questionnaire

Measuring client satisfaction is seen as a means of gauging the effectiveness of existing services and guiding future developments. The NWT Hospital Satisfaction Questionnaire was developed to measure consumer satisfaction with the four hospitals in the NWT. People using hospital services had the opportunity to complete a satisfaction questionnaire during a one-month period in the fall of 2004 and in the fall of 2006.

In June 2007, each of the hospitals received reports of the results of the 2006 Questionnaire. These reports provided comparison data from the 2004 and 2006 questionnaires on the level of satisfaction with reception/administration, cleanliness, signage, food, interpreter services, nurses, doctors, specialized care providers and treatment/procedures. Respondents were also asked to provide general comments.

1. The Accountability Framework can be accessed on the Department of Health & Social Services' website.

More than 95 percent of respondents in 2004 rated the overall care they received as good or excellent. Similar ratings indicated high levels of satisfaction with health care providers, communication related to treatment and procedures and for general questions. In 2006, more than 94 percent of respondents rated the overall care they received as good or excellent.

The findings from these reports can be used as one of the many indicators utilized by hospitals to monitor and make improvements based on best practices, clinical practice guidelines, reliable data and feedback from clients. It also forms a component of the accreditation process and enhances public accountability. Detailed information and results of the NWT Hospital Satisfaction Questionnaire reports for each of the four hospitals can be found on the Department of Health and Social Services website, *www.hlthss.gov.nt.ca*.

Using Information Technology to Better Serve NWT Residents

As in other areas of our lives, computer technology continues to have an enormous impact on health care. An electronic information system can give health care professionals immediate access to consistent information and the means to share it between team members and between remote locations. The Department of Health and Social Services and HSSAs continually strive to improve patient care through the implementation of Information Technology and Electronic Systems.

Public Health Information System (i-PHIS)

i PHIS is an integrated disease registry system used for communicable disease management and surveillance that include STDs and TB. The system supports disease tracking, follow-up, case management, and reporting. 2006-2007 the project was officially completed with the implementation of the communicable disease application into several sites.

Interoperable Electronic Health Records (iEHR) - Canada Health Infoway Project

In 2004, First Ministers declared that 50 percent of Canadians would have an Interoperable Electronic Health Record by 2010. The NWT is committed to meeting this established deadline. iEHR will provide individuals in the NWT with a secure and private lifetime record of their key health history and care within the health system. The record will be available electronically to authorized health care providers to better support high quality patient care.

Fort Resolution Nursing Station

Phase 1 of this project completed the detailed implementation planning for an iEHR solution in the NWT. Implementation planning concluded in December 2006 along with securing funding from Canada Health Infoway (CHI) for iEHR Phase 2 project implementation activities.

The Department of Health and Social Services secured $5,749,100 in funding from CHI with an HSS investment of $1,135,000 for a project total of $6,884,100.

In December of 2006, the Department of Health and Social Services initiated iEHR implementation activities. The project charter was finalized, including the project organizational structure and governance and stakeholder roles/responsibilities.

Electronic Medical Records (EMR)

EMR system - also known as a "Practitioner Management System" is commonly found in physician clinics or centres where health services are provided. EMR aids in the process of patient scheduling, billing and charting. The system allows practitioners to electronically chart patient encounters and resulting clinical information.

In 2006-2007 the Department of Health and Social Services completed EMR preliminary analysis including documentation of full system-wide requirements and implementation planning activities. Through consultation with Health and Social Services Authorities, an EMR deployment strategy was developed that determined the most feasible implementation approach, taking into account the deployment requirements for the system-wide EMR.

An EMR product Request for Proposal (RFP) was prepared and issued. It included the findings from the preliminary analysis and the deployment strategy. Vendors were evaluated and Nightingale Informatix (NG) was selected as the successful vendor (Application Service Provider).

Project activities were initiated for the integration of EMR business and technical processes, data stewardship, healthcare provider services and involvement, privacy issues and communications plans.

2006-2007 Highlights from the Authorities

Behchokǫ̀ Health Centre

Community Services Agency

In the summer of 2006, major construction was started on the Marie Adele Bishop Health Centre in Behchokǫ̀. Progress has been slow, but staff and management are optimistic that the building will be completed in the summer of 2008. This will provide much needed space for program delivery.

Children are remaining in their home communities because of the availability of foster care parents. An appreciation luncheon was held for Tłı̨chǫ region foster parents in March 2006 and was well attended with representation from each community. Two foster parents from Behchokö and two foster parents from Whatì attended a foster care conference in Ottawa. The participants gained an increased understanding of FASD children and were able to share their experiences with other foster parents.

The Tłı̨chǫ communities have partnered with academic researchers to develop local health policy that is consistent with traditional cultural values, creating a continuum of innovative programming. Coordinated by the Tłı̨chǫ Community Services Agency, the plan includes the four communities of Behchokǫ̀, Gametì, Whatì, and Wekweètì. Integrated teams of health care providers, social workers, community caregivers and elders are working on a three year strategy to combat sexually transmitted diseases and reduce the risk of HIV/AIDS. "The Healing Wind Strategy" will provide a variety of programs and projects including: community-based research into the causes of STIs; public information programs; home visits; educational session in the school with teens; clinical treatment and support in the communities; and, development of an improved information system to identify cases and monitor results.

At a ceremony in Prince Edward Island on August 30, 2006, the Silver Award for Innovative Management was awarded to the TCSA by the Institute of Public Administration of Canada. The award recognizes success stories such as the Tłı̨chǫ governance model as worthy of publicity and emulation. The award highlighted the Tłı̨chǫ leadership's role in recognizing the important link between education, health and social issues in the Tłı̨chǫ region and the importance of integrating traditional culture into all aspects of community. In June 2007, the TCSA received the 2007 United Nations Public Service Award in the category of "Fostering Participation in Policy-making Decisions Through Innovative Mechanisms". This international recognition at the United Nations 7th Global Forum on Reinventing Government focused on "Building Trust in Government", something the TCSA has demonstrated through their innovative approach to governance and successful delivery of education, health and social services, with a strong emphasis on tradition and culture.

Stanton Territorial Health Authority (STHA)

The following are some of STHA's key highlights for the 2006-2007 fiscal year:

Dementia Care on the Extended Care Unit

The Extended Care Unit of Stanton Territorial Hospital is an 11-bed unit that provides care to elderly or disabled patients. One bed on the unit is available for respite and at times palliative care patients. The Unit provides services to an increasing number of dementia patients. To improve services and supports to these patients and their families, a Supportive Pathways Program was initiated. This included training for staff in January 2007, which focused on giving staff the skills and knowledge to:

- Provide individualized, whole person care to patients with dementia in a supportive environment; and
- Encourage the family of dementia patients to be involved in the care of the patient.

The Supportive Pathways Program's approach to care of dementia patients supports the Extended Care Unit mission:

- Providing the highest quality of life possible;
- Providing comfort and an "enjoyable now"; and,
- Preserving the dignity and individuality of the person.

Diagnostic and Curative Services – Sleep Study Program

To meet the need of NWT residents for the diagnosis and treatment of obstructive sleep apnea (OSA), a contract was entered into with Northcair Medical in November 2006. Testing provided through this contract included: Sleep Studies, Continuous Positive Airway Pressure (CPAP), and Auto-biphasic Positive Airway Pressure (Bi-Pap). Testing has been performed in several northern communities to allow patients to complete the tests within their own homes for more accurate results.

Northern Women's Health Program (NWHP)

The NWHP contributes significantly to best practices in Obstetrics in the NWT. Work includes the establishment of a single point of entry into the prenatal and birth care at STHA and improved transition for women from Fort Smith, coming to Yellowknife to give birth. Obstetrical Tele-health sessions have been increased to once a month, allowing for more education, training, and best practices through enhanced communication with the Obstetrical Team in Yellowknife.

The NWHP, in partnership with the Community Health Nurse Development Program, provides opportunities for nurses to get obstetrical experience prior to being assigned to work in the communities. This initiative greatly increases the "Coordination of Care" provided to pregnant women in the NWT.

Mental Health and Addiction Services

Best practices and research indicate that in order to assist and support individuals dealing with addictions, it is critical to address the underlining mental health issues that contribute to the addiction - we cannot separate the two when treating individuals.

The NWT Health and Social Services System delivers mental health and addictions services under an integrated core service, allowing for a continuum of care. Under this premise, the 10-bed inpatient Psychiatric Unit at Stanton designated 4 of the 10 beds as withdrawal management beds in July 2006.

Under this model, patients receive treatment for their addictions, while working through their underlying mental health issues.

Patients wanting to access the withdrawal management beds must express a readiness for change and a commitment to deter and be medically stable. From July 2006 to June 2007, there were a total of 295 admissions to the Unit with 133 (45 percent) of these being to the withdrawal management beds.

Hay River Health and Social Services Authority (HRHSSA)

Hay River Hospital

The HRHSSA continued building service capacity to meet the needs of the region. The HRHSSA implemented an on-sight dialysis program. The program received accolades from various external health providers and from individuals accessing this resource locally.

Upon review the HRHSSA recognized that new trends around physician services were changing the employment pattern of physicians. Physicians appear to be more open to accepting a series of locum agreements throughout a fixed period of time, rather than accepting permanent appointments. With growing awareness of this trend, the HRHSSA established a Physician Recruiter position and through a focused effort, was able to develop a stable rotation of physicians who return on a regular basis. This process has improved access to Primary Care and provided our Acute Care Unit with a team of skilled physicians who are knowledgeable about our services and resources,

Dehcho Health and Social Services Authority

and who work cohesively with our personnel.

The Canadian Diabetes Association accredited the HRHSSA Home Care Enhancement Program for a five-year term, reflecting the high standards and competencies of this valuable program. The Community Health Services department continued to proactively serve the public through exceptional outreach services and through the acquisition of enhanced competencies. Professional benchmarks achieved by the Public Health team, over the last year, included Board certification in Lactation Consultation, and in Lamaze Child Birth Education.

Dehcho Health and Social Services Authority (DHSSA)

The DHSSA continues to look for opportunities to incorporate traditional medicine and knowledge into western medicine, finding a balance that will enhance patient care in the Dehcho region.

The DHSSA is continually pursuing options to provide traditional healing as a method of healing and wellness and to find a means for traditional medicine and western medicine to work side by side within the same environment.

Therefore, the project: "Two Medicines in the Dehcho Region of the Northwest Territories" was undertaken. The purpose of this project was to identify the criteria for the development of a health delivery model for the DHSSA that utilizes the understandings, methods, techniques and procedures of traditional medicine.

The DHSSA designated significant effort on recruitment and retention of staff. The Public Health Unit was established and job ads posted. A succession plan was implemented through the Community Health Nurse program and a Rehab Aid was hired to provide services under the long term care and home care program.

Yellowknife Health and Social Services Authority (YHSSA)

Building community partnerships and developing community solutions was the theme of the YHSSA 2006-2007 annual report. The Board continued to work on providing solutions to bring health and social programs as close to home as possible, ensuring residents have a range of services aimed at overall health and well-being.

Great Slave Medical Clinic

In keeping with the primary care reform agenda, YHSSA worked closely with the Department of Health and Social Services to do major capital renovations at the Frame Lake Community Health Clinic to improve working conditions for existing staff and progress towards implementing a multi-disciplinary care team.

In October 2006, the YHSSA hosted a symposium focused on services available for seniors in the YHSSA catchment area. The symposium was intended to provide a venue to discuss the future needs of the seniors population and develop a strategy for service enhancement and a framework for future development.

The Nurse Practitioner (NP) program expanded in 2006-2007 from two NPs to a total of five. A new position was introduced at Frame Lake Community Health Clinic, Gibson Medical Clinic and the Great Slave Community Health Clinic. The provision of NP services is very popular, as demonstrated by the 4,431 NP patient visits in 2006-2007, nearly double the number reported in 2005-2006.

YHSSA introduced a midwifery program, in collaboration with the NWT Midwifery Implementation Committee and the Obstetrical Team. The program was well-received, with 35 families being provided with midwifery care for 15 births in the first quarter.

The Healthy Families Program provides in-home support to parents and their newborn babies from birth to age four. In partnership with Public Health, 308 babies and their families were screened by nurses to determine whether or not they would benefit from the Healthy Family Program. A survey conducted by the Department of Health and Social Services yielded positive feedback from families receiving these services.

The New Horizons' Centre offered services to adults with mental health challenges, substance abuse issues, and homelessness. Indoor and outdoor recreational activities, individual counseling sessions, assistance with resume writing, special meals, assistance acquiring identification and social insurance numbers and advocacy on behalf of clients with other agencies and services were provided.

Over the last year the YHSSA has faced many challenges, in addition to celebrating successes. With ongoing commitment to collaborating with community partners, the YHSSA looks forward to continued success in providing solutions that bring health and social programs as close to home as possible, affording residents a range of accessible programs to support overall health and wellbeing.

Further information on the YHSSA's 2006-2007 Annual Report can be found at: *www.yhssa.org.*

Inuvik Regional Hospital

Beaufort Delta Health and Social Services Authority (BDHSSA)

In June 2006, the BDHSSA received a three-year accreditation status from the Canadian Council of Health Service Accreditation.

The Board of Directors along with senior management of the BDHSSA completed the Authority's new strategic plan titled *"Beaufort Delta Health and Social Services Authority Strategic and Action Plan (2006-2010)".*

This document sets the direction for the BDHSSA for the next three years and is reflective of the enormous amount of work that has been accomplished by the Board of Trustees on governance.

The GNWT-wide Long Service Awards were held in November 2006 at the Inuvik Midnight Sun Recreation Complex. The Commissioner of the Northwest Territories, the Minister of Health and Social Services, and the Vice-Chairperson of the Board recognized 23 of the BDHSSA staff for their commitment and service to the Authority.

The Honourable Anthony Whitford, Commissioner, also honoured one of the BDHSSA nurses, Ms. Debbie MacDonald, with the Gold Life Savings Award, a national life saving award from the St. John Ambulance Society. Over the last 10 years, only three of these awards have been given in northern Canada.

With a focus on risk management and ensuring quality of services, the BDHSSA created an Employee Guide to Prevention of Violence in the Workplace. This book was distributed through the workplace and is given to all new employees during orientation. Also, as part of staff orientation and safety the BDHSSA offers the Risk Assessment and Safety Program on personal safety awareness.

The BDHSSA has accomplished much in a time when it is necessary to do more with less. With this mind set, the BDHSSA continues to partner with non-governmental agencies in accessing funds that will allow for continued program enhancement.

Fort Smith Health and Social Services Authority (FSHSSA)

As with previous years, 2006-2007 brought many accomplishments for the FSHSSA, although not without challenges. Foremost amongst the challenges, the financial statement reports the operation for the year ended with a deficit, due primarily as a result of unforeseen human resource expenses. This deficit is accommodated by the accumulated surplus, and will not affect operations in subsequent years.

The FSHSSA continued with the implementation of a number of major initiatives. Staff continued to pursue a regime of constant quality improvement and has received excellent feedback through the NWT Hospital Satisfaction Questionnaire, which compiles client/patient input.

Staff worked tirelessly over the past year to ensure the FSHSSA met the national standards in the delivery of health and social programs and services. The FSHSSA has maintained its Canadian Council on Health Services Accreditation by implementing the recommendations provided by the CCHSA.

The Senior Management Team worked hard to implement the Strategic Plan, and to ensure constant review and update of FSHSSA policies. The team also completed a Master Development Plan that will drive facility reform based on need and utilization.

The Midwifery program proved to be very successful with the demand for services exceeding original estimates. Evidence of this success is reflected by the fact that this NWT program has become a model for study in other Canadian jurisdictions. Our staff continues to provide training to numerous community health nurses and midwives-in-training.

Work towards the full integration of midwives under the Integrated Service Delivery Model continues, along with the integration of Nurse Practitioners. These initiatives are slowly reducing the pressure on Doctors, allowing them to attend to more acute patients in a timely manner. The rehabilitation team has been enhanced with the addition of both an Occupational Therapist and a Rehabilitation Aide.

These additions expand the rehabilitation services provided by the FSHSSA and provide substantial gains in efforts to ensure the provision of quality care.

Fort Smith

The Master Development Plan for the health centre and project brief for the Northern Lights Special Care Home (NLSCH) are near completion. It is anticipated that the NLSCH design will be completed during the first half of 2007, with construction potentially starting in the spring/summer of 2008. Construction and renovations at the health centre are anticipated to begin in November 2010. The principles of the Master Development Plan are founded on the concept of an integration of services, enhanced efficiency and accessibility. This process has been guided by current utilization, the introduction of new programs, and anticipated future demand.

The December departure of the Director of Health Programs and Services created a significant void, and the retirement of the CEO impacted on staff morale. However, despite these challenges, FSHSS was able to re-establish the Renal Dialysis Clinic, maintain the accreditation status and deliver quality services to the community. We have built a strong senior management team, and are making strides toward improved communications with staff and a greater integration of cohesive decision-making. Supported by the excellent staff of the FSHSSA and guided by the experience of our Board, we anticipate further improvements and enhanced service delivery in the future.

Featured Authority: SHSSA

Norman Wells Health Centre

Each Year the Annual Report features one HSSA and introduces the trustees. This year we are featuring the Sahtu Health and Social Services Authority (SHSSA) and acknowledging their contributions, which are key to the ongoing success of the NWT Health and Social Services System.

The SHSSA came into being in April 2003 and took over operations from the (then) Inuvik Health & Social Services Authority in April 2005. A Board of Management governs the SHSSA with representation from each community served, as well as representatives for both elders and youth.

The SHSSA is responsible for ensuring that people within the Sahtu region have access to appropriate health care and social services.

Board of Management

Board, Chair Tulita – Judith Wright-Bird

Member, Norman Wells – Diane Baptiste

Member, Fort Good Hope – Florence Barnaby

Member, Deline – Danny Bayha

Member, Colville Lake – Linda Kochon

Member, Youth – Melinda Laboucan

Member, Elders - Cecile Baton

General Overview

The Sahtu region encompasses the Sahtu Land Claim Region in the central Mackenzie Valley. Norman Wells is the administrative headquarters and regional centre with a population of 849.

The SHSSA serves five communities as follows:

COMMUNITY	POPULATION (2006 ESTIMATES)
Colville Lake	142
Deline	543
Fort Good Hope	585
Norman Wells	849
Tulita	510
Total Population	2,629

Norman Wells Historical Centre

Facilities By Community

The SHSSA is responsible for health and social services facilities, including but not limited to the following:

COMMUNITY	FACILITY NAME	DESCRIPTION
Colville Lake	Colville Lake Health Station Colville Lake Social Services	Health Station Served by Norman Wells
Deline	Deline Health Centre/Res/Garage Deline Social Services	Health Centre Social Services Office
Fort Good Hope	Fort Good Hope Fort Good Hope Social Services	Health Centre Social Services Office
Norman Wells	Norman Wells Health Centre Norman Wells Social Services	Health Centre Social Services Office
Tulita	Tulita Health Centre Tulita Social Services	Health Centre Social Services Office

Achievements and Highlights

Using an innovative approach to attract and retain excellent people, SHSSA has almost fully staffed all its health and social services centers. This was accomplished through a variety of initiatives including: Employee Career Development Program (ECDP); Modified Job-shares; Active Support for the Territorial Casual Pool; the CHN Development Program; and, Support of the Nurse Practitioner Initiative.

SHSSA researched national standards and is moving to update equipment and protocols accordingly. Defibrillators and new intravenous infusion pumps have been purchased for each health centre. SHSSA is working to partner with communities and NGOs to build life-saving capacity at the "grass roots" with first aid training and emergency ground transportation.

In collaboration with the BDHSSA, which provides rehab services, the SHSSA has been able to increase the number of physiotherapy, occupational therapy and speech and language therapy visits to the region.

The SHSSA, in collaboration with the Department of Health and Social Services, achieved the deployment of Telehealth equipment into every community in the Sahtu region. The SHSSA is targeting the new school year for the implementation of TeleSpeech services. These services are delivered in the classroom in collaboration with the Department of Education Culture and Employment.

SHSSA continues to recruit foster families and provide standardized foster parent training. In addition, we are researching standards for "safe home" shelters in the communities and plan to implement them as soon as it is feasible.

The age group 60 years and older is the fastest growing demographic in the NWT. From 1996-2006, the population of seniors in the NWT increased by 46 per cent. The population 60 years of age and older in the NWT is projected to reach 6,674 by 2024. This represents an additional doubling of the senior population over the next 18 years.

Based on this projected increase in the senior population, continuing care programs are a priority for the SHSSA. The SHSSA conducted an in-depth review of Continuing Care requirements and, as a result, doubled home support capacity in both Fort Good Hope and Deline. Norman Wells will soon be increased as well.

The Public Health Unit is up and running and community members have noticed a significant increase in coordinated Health Promotion activity in the region. The SHSSA configured the unit to include public health nurses, health promotion and the regional CHR coordinator. At least two other regions are adopting the SHSSA model. The unit will gradually take over the management of the mandated disease prevention programs, which will free up time for the nurses in the communities. The unit is also taking the lead in coordinating the region's Occupational Health and Safety Initiatives.

Community Wellness Workers in all communities have finished their initial training and are an integral part of the Primary Community Care teams. Mental Health Workers are in place in Norman Wells, Fort Good Hope, and half time in Tulita. The SHSSA has recently formed a Critical Incident Stress Management team that can offer services around the region and elsewhere in the NWT if called upon.

The SHSSA is very proud of the accomplishments and is committed to the continued success in service and program delivery to the residents of the Sahtu.

Featured Program: Child and Family Services

THE VISION FOR PROTECTIVE SERVICES

Families, children and individuals live in a safe and nurturing environment (ISDM, 2004).

PROGRAM OVERVIEW

Protection services aim to safeguard the health and wellbeing of individuals and families. Protection services are usually provided in the context of a legislative and/or policy framework that empower designated persons or institutions to take specific actions that are deemed necessary to protect the integrity of the person within the social context of family, culture and community.

There are many pieces of legislation that define the parameters of the various areas within protection services. The following are the three main pieces of legislation that guide the provision of Child and Family Services:

- *Child and Family Services Act;*
- *Adoption Act; and*
- *Guardianship and Trusteeship Act.*

Protective Services, commonly referred to as "Social Services", are a continuum of services that support children, families and individuals. The Guardianship Act and Child and Family Services Act both provide the legislative framework to carry out critical protection and support services to promote the best interests of the client.

The Child and Family Services division (the Division) is committed to fulfilling the vision of Protective Services. Our goal is to improve the wellbeing of children, youth, individuals and families so that they can live in a safe and nurturing environment. The Division works in partnership with other stakeholders in order to attain the goal while respecting the rights of the individual, child and family.

PROGRAM HIGHLIGHTS

Foster Care Program

In the NWT, children may receive foster care services in one of three different placement types, as outlined in the Child and Family Services standards. The placement types consist of regular foster homes, the home of an extended family member (extended family foster home) and, the home of a family friend that the child is well acquainted with (known as a provisional foster home).

In 2006, 563 youth and children were provided with 107,000 bed days of foster care service. Approximately 54 per cent of all the bed days in 2006 were in the home of a provisional or extended family placement. In the NWT, approximately 77 per cent of all foster placements are provided by aboriginal families.

A review of the foster care program was completed in 2006-2007 in order to assess and make recommendations on territory-wide program standards, related to foster care expenditures. Consultations with the Regional Health and Social Services Authorities, the NWT Foster Family Coalition and other stakeholders were conducted and a report was submitted to the Minister of Health and Social Services for consideration. The work that was completed for this review resulted in a territory-wide standardization of foster care rates by community. The standardized foster care rates were approved and implemented in April 2007.

Protection Services

Child maltreatment continues to be an issue in the NWT. Child maltreatment is addressed through a variety of interventions including: in-home support services; supervision; apprehensions; and, other services to children and families. On average, there are 2,025 investigations in a year conducted by Child Protection Workers. On any given day, there are 650 children receiving services under the Child and Family Services Act. In 43 per cent of these children, the parents have retained full custodial rights and work in partnership with the Child Protection Worker to provide for the child's needs and ensure the child's safety and wellbeing.

Voluntary/Support Services

Children and Family Services provide services to children and families on a voluntary basis, upon request from the child, youth or family. These services are varied, depending on the identified needs. There has been a steady increase in the utilization of this program over the last eight years and trends support continued investment in prevention and early intervention services. In 2006-2007, approximately 20 per cent of all children served were through voluntary services.

Treatment Services

Treatment services are provided to children and youth with significant developmental delays, chronic medical needs, substance abuse, mental health, self harm, sexual abuse, family violence and other extreme behavioural and emotional conditions. These services are provided through two Northern treatment centres: Territorial Treatment Centre in Yellowknife and Trail Cross in Fort Smith. When required, services are also contracted from five southern treatment programs that are able to meet the specialized needs of the child and youth. On any given day there are approximately 31 children and youth receiving treatment in southern programs and approximately 17 in northern treatment programs.

Adoption

In 2006-2007 there were 35 Aboriginal Custom Adoptions, nine finalized adoptions under the Adoption Act and two intercountry adoptions. In addition, there were 118 post-adoption Search and Reunion Applications received. Information on the adoption program is available on the departmental website.

Building Capacity and Professionalism

In 2006-2007, Child and Family Services held regional training sessions (Hay River, Inuvik and Yellowknife) in Advanced Assessment and Investigation Skills for all child protection workers. A director of the Canadian Society facilitated the three-day training for the Investigation of Child Abuse. This instructor is also a sessional instructor for the University of Calgary's Social Work Program.

Adoption training was provided to HSSA staff on two separate occasions. Adoption training provides the basis to appoint workers as adoption workers in accordance with the Adoption Act.

In 2006-2007 Child and Family Services collaborated with the Association of Social Workers in Northern Canada to begin the process to regulate the social work profession in the NWT.

Aurora College, Yellowknife Campus

Involvement in Research and Partnerships

During 2006-2007, the Child and Family Services Division collaborated with regional HSSAs on many projects and actively worked to solidify its relationships with other relevant federal, provincial and territorial organizations.

Canadian Incidence Study of Reported Child Abuse and Neglect

The NWT has been collaborating with The Centre of Excellence for Child Welfare and several university researchers on a national project to examine the incidence rates of child abuse and neglect. Research data for this national project was collected on a Territories-wide basis in the fall of 2003. At the same time, over-sampling data was collected to allow the NWT to produce a separate research project. In 2006-2007, Child and Family Services worked in partnership with the principal researcher from the University of Calgary to produce the final version of the Northwest Territories Incidence Study of Reported Child Abuse and Neglect – 2003 (NWTIS-2003), which was released in June 2006.

Social Work Program at Aurora College

During 2006-2007, the Child and Family Services Division partnered with Aurora College to review the Social Work Program. A thorough review of social work competencies and the program were conducted with the goal of building system capacity and enhancing competencies. Upon completion of the review, the decision was made to move the program from the Fort Smith campus to the Yellowknife Campus, with the goal of increasing enrollment.

Amendments to the Child and Family Services Act

Significant work was completed throughout 2006-2007 in advance of drafting and introduction of legislative amendments. These amendments will bring the NWT Child and Family Services Act in line with the Supreme Court of Canada guidelines, on a fair hearing process for parents when their children are apprehended. This change means that a court will review every case where a child is apprehended in the NWT for more than 72 hours to ensure that the parents' rights are protected. Amendments were also drafted to add a clause into the preamble of the Child and Family Services Act that would highlight the value of involving extended family in child protection matters. The Child and Family Services Act amendments were passed by the Legislative Assembly in May 2007 and came into effect January 1, 2008.

Family Violence

A priority of the Prevention Services Unit is to support the essential services of the five NWT family violence shelters. In 2006-2007, 240 women and 188 children stayed in a shelter for a total of 5,853 bed nights.

In 2006-2007, the Yellowknife Interagency Protocol was developed to outline an integrated system of support for responding to victims of family violence. Eight key agencies committed to roles in the protocol and amended organization processes and policies to work towards a seamless response system. A tool kit, based on development experiences in Yellowknife, was developed and tested in Deline and Fort Resolution, to assist other NWT communities to develop interagency protocols.

In the previous year, the completion of the GNWT's Response to the Family Violence Action Plan – Framework for Action saw the completion of 72 actions overall, 33 of which were tasked to Health and Social Services. In 2006-2007, a continuing partnership with the Coalition Against Family Violence and the five social envelope departments, developed a Framework for Action: Phase II. This action plan developed priorities for initiatives for the next five years to support the needs of those affected by family violence.

Wellness Programs

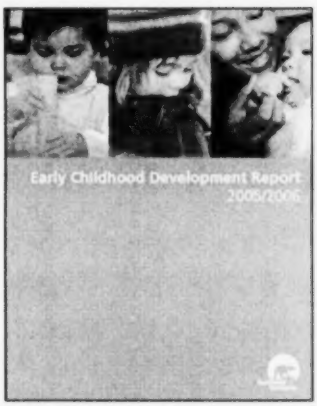
The Wellness Programs, administered in 2006-2007, utilized funding provided by the First Nations and Inuit Health Branch of Health Canada. The initiatives included Brighter Futures, Canada Prenatal Nutrition Program (CPNP), Aboriginal Diabetes Initiative, FASD Initiative, National Native Alcohol and Drug Abuse Program, Tobacco Control Strategy, National Aboriginal Youth Suicide Prevention Strategy and First Nations and Inuit Home and Community Care. These initiatives are primarily implemented by community groups, for the benefit of First Nations and Inuit community members.

Fetal Alcohol Spectrum Disorder (FASD)

To determine the Department's direction for addressing FASD in the NWT, an Integrated FASD Strategy was drafted in 2006-2007. The strategy lays the framework for further consultation and action plan development with involvement from across

the NWT. The goals of the strategy include: increasing public awareness through education; reducing the number of children born with FASD; and, improving the availability of diagnostic, intervention and support services.

Utilizing Wellness Program funding, Children and Family Services supported seven community-led FASD initiatives focused on prevention and intervention. In addition, a risk assessment tool was created by health service practitioners, to be used during prenatal exams, to screen for alcohol use during pregnancy.



Early Childhood Development

Children and Family Services support four Healthy Family Programs. Healthy family programs provide home visitation support to new parents and aim to foster healthy development, connections to support networks, and parent-child bonding. An evaluation of the programs was completed in 2006-2007 confirming the value of the service to parents, families and communities.

In 2006-2007 two videos were developed to support early childhood health services throughout the territory. The Nipissing District Developmental Screen video provides instruction to new practitioners delivering the screen to assess children's success at meeting developmental milestones and identifying needs for referral. The second video, Parents and Children: The Best Start in Life, is a parenting video to be played in Health Centres providing knowledge in communications, physical, socio-emotional and cognitive development.

Summary

Child and Family Services provide a broad range of services to residents of the NWT and is dedicated to ongoing monitoring and evaluation. In the coming years we will focus on improving the effectiveness and quality of programs, incorporating new "best practice" models and feedback from stakeholders, to ensure effective programs that support, promote and protect individuals, families and community well-being.

Department of Health and Social Service Expenditures

Sachs Harbour

2006-2007

Expenditures By Activity

(thousands of dollars)

	Main Estimates	Actuals
Directorate	$6,089	$5,947
Program Delivery Support	26,822	28,339
Health Services Programs	149,105	160,211[2]
Supplementary Health Programs	17,683	19,091
Community Health Programs	65,487	67,783
Total	**$265,186**	**$281,371**

(Totals include GNWT contribution funding to Health Authorities)

2 In accordance with Section 24(1) of the Medical Care Act, the Director of Medical Insurance shall report each year the cost of administering the Medical Care Plan. Included under Health Service Programs is the cost of Physician Services. For the 2006-2007 Fiscal Year this cost was $36,748,000.

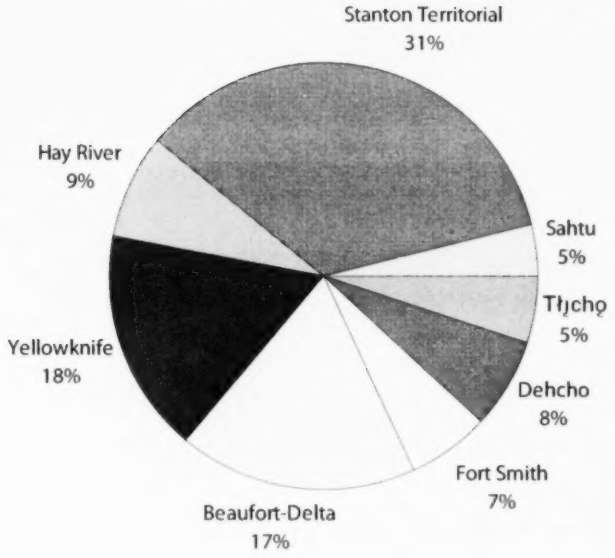
Financial Summary of Health and Social Services Authorities 2006-2007

(thousands of dollars)

Authority	Revenues	Expenditures	Operating Surplus/(Deficit[2])	Accumulated Surplus/(Deficit)
Tłı̨chǫ[3]	$11,516	$12,332	(816)	(786)
Dehcho	15,618	14,858	743	4,049
Fort Smith	14,216	14,413	(197)	158
Beaufort-Delta	39,610	43,001	(3,391)	(5,603)
Yellowknife	39,255	39,318	(63)	1,707
Hay River	19,388	19,670	(282)	(281)
Stanton Territorial	84,026	88,305	(2,898)	(5,662)
Sahtu	9,541	10,399	(858)	278

3. Differences between current year operating surplus/deficits and revenue less expenditures is a result of changes to employee leave and termination benefits liabilities.

Contribution Funding by HSSA



Active Positions			
Department	134	Sahtu HSSA	66
Dehcho HSSA	89	Fort Smith HSSA	91
Tłı̨chǫ CSA	85	Hay River HSSA	155
Beaufort-Delta HSSA	219	Yellowknife HSSA	145
Stanton Territorial Hospital	412		
		Total	**1,396**

If you would like this information in another official language, call us.

English

Si vous voulez ces informations en français, contactez-nous.

French

Kīspin ki nitawihtīn ē nīhīyawihk ōma ācimōwin, tipwāsinān.

Cree

TŁĮCHǪ YATI K'ĘĘ. DI WEGODI NEWǪ DÈ, GOTS'O GONEDE.

Tłı̨chǫ

ʔERIHTŁ'ÍS DËNE SÚŁINÉ YATI T'A HUTS'ELKËR
XA BEYÁYATI THEʔĄ ʔAT'E, NUWE TS'ËN YÓŁTI.

Chipewyan

EDI GONDI DEHGÁH GOT'ĮE ZHATIÉ K'ÉÉ
EDATŁ'ÉH ENAHDDHĘ NIDE.

South Slavey

K'ÁHSHÓ GOT'ĮNE XƏDǾ K'É HEDERI
ʔEDĮHTL'É YERINIWĘ NÍDÉ DÚLE.

North Slavey

Jii gwandak izhii ginjìk vat'atr'ijąhch'uu zhit
yinohthan jì', diits'àt ginohkhìi.

Gwich'in

UVANITTUAQ ILITCHURISUKUPKU INUVIALUKTUN, QUQUAQLUTA.

Inuvialuktun

ᑕᒃᑯᐊ ᑎᑎᖅᑲᐃᑦ ᐱᓕᒍᒧᐊᕆᑦ ᐃᓄᒃᑎᑐᓕᖅᓯᒪᓕᓂᑎᒃ,
ᐅᓪᓗᑦᑎᓐᓄᑦ ᐅᖅᓯᓪᓕᓐᓄᖅᑐᑎᑦ

Inuktitut

Hapkua titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.

Inuinnaqtun